

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

**BLUE CROSS BLUE SHIELD  
ASSOCIATION, *et al.*,**

Plaintiffs,  
vs.

**GLAXOSMITHKLINE LLC,  
Defendant.**

**Civil Action No. 2:13-cv-4663-JS**

**THE PARTIES' PROPOSED VERDICT FORM**

THE PARTIES HAVE PROPOSED DIFFERENT FORMS BELOW AND RESERVE  
THE RIGHT TO FURTHER REVIEW AND REVISE  
THE PROPOSED VERDICT FORM

**A. PLAINTIFFS' PROPOSED VERDICT FORM**

We answer the questions submitted to us as follows:

1. (a) Do you find that GSK is liable to all Plaintiffs for fraud?

Yes  No

If your answer is "yes," then skip to Question 1(b). If your answer is "no" because you find GSK liable to only certain Plaintiffs, in the space below please fill in the amount of damages suffered by each such Plaintiff due to GSK's fraud.

AETNA INC. \$ _____	AVMED HEALTH PLANS \$ _____
BLUE CROSS BLUE SHIELD ASSOCIATION \$ _____	BLUECROSS BLUESHIELD OF ALABAMA \$ _____
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. \$ _____	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY \$ _____

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS \$ _____	BLUE CROSS BLUE SHIELD OF MINNESOTA, INC. d/b/a BLUE CROSS BLUE SHIELD OF MINNESOTA \$ _____
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA \$ _____	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND \$ _____
BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA \$ _____	BLUECROSS BLUESHIELD OF TENNESSEE \$ _____
CARING FOR MONTANANS, INC. \$ _____	CAREFIRST OF MARYLAND, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD/ GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD \$ _____
CONNECTICUT GENERAL LIFE INSURANCE COMPANY (CIGNA) \$ _____	EMBLEMHEALTH SERVICES COMPANY LLC \$ _____
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION (GEHA) \$ _____	GROUP HEALTH COOPERATIVE/ KPS HEALTH PLANS \$ _____
HEALTH NET, INC. \$ _____	HEALTHNOW NEW YORK INC. \$ _____
HIGHMARK HEALTH SERVICES f/k/a HIGHMARK INC./ HIGHMARK WEST VIRGINIA INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA / HIGHMARK BCBSD INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE \$ _____	MEDICAL MUTUAL OF OHIO \$ _____
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA \$ _____	PREMERA BLUE CROSS \$ _____
NORIDIAN MUTUAL INSURANCE COMPANY \$ _____	THE REGENCE GROUP \$ _____

PRIORITY HEALTH \$ _____	WELLCARE HEALTH PLANS, INC. \$ _____
USABLE MUTUAL INSURANCE COMPANY, d/b/a ARKANSAS BLUE CROSS AND BLUE SHIELD / HMO PARTNERS, INC., d/b/a HEALTH ADVANTAGE \$ _____	WELLPOINT, INC. / AMERIGROUP/HMS \$ _____
WELLMARK, INC. d/b/a WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA / WELLMARK HEALTH PLAN OF IOWA, INC. \$ _____	

**(b) State the total amount of Plaintiffs' damages as a result of GSK's fraud:**

\$ \_\_\_\_\_

**2. (a) Do you find that GSK is liable to all Plaintiffs for negligent misrepresentation?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is "yes," then skip to Question 2(b). If your answer is "no" because you find GSK liable to only certain Plaintiffs, or no Plaintiffs, in the space below please fill in the amount of damages suffered by each such Plaintiff due to GSK's negligent misrepresentation.

AETNA INC. \$ _____	AVMED HEALTH PLANS \$ _____
BLUE CROSS BLUE SHIELD ASSOCIATION \$ _____	BLUECROSS BLUESHIELD OF ALABAMA \$ _____
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. \$ _____	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY \$ _____
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS \$ _____	BLUE CROSS BLUE SHIELD OF MINNESOTA, INC. d/b/a BLUE CROSS BLUE SHIELD OF MINNESOTA \$ _____
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA \$ _____	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND \$ _____

BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA \$ _____	BLUECROSS BLUESHIELD OF TENNESSEE \$ _____
CARING FOR MONTANANS, INC. \$ _____	CAREFIRST OF MARYLAND, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD/ GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD \$ _____
CONNECTICUT GENERAL LIFE INSURANCE COMPANY (CIGNA) \$ _____	EMBLEMHEALTH SERVICES COMPANY LLC \$ _____
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION (GEHA) \$ _____	GROUP HEALTH COOPERATIVE/ KPS HEALTH PLANS \$ _____
HEALTH NET, INC. \$ _____	HEALTHNOW NEW YORK INC. \$ _____
HIGHMARK HEALTH SERVICES f/k/a HIGHMARK INC./ HIGHMARK WEST VIRGINIA INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA / HIGHMARK BCBSD INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE \$ _____	MEDICAL MUTUAL OF OHIO \$ _____
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA \$ _____	PREMERA BLUE CROSS \$ _____
NORIDIAN MUTUAL INSURANCE COMPANY \$ _____	THE REGENCE GROUP \$ _____
PRIORITY HEALTH \$ _____	WELLCARE HEALTH PLANS, INC. \$ _____
USABLE MUTUAL INSURANCE COMPANY, d/b/a ARKANSAS BLUE CROSS AND BLUE SHIELD / HMO PARTNERS, INC., d/b/a HEALTH ADVANTAGE \$ _____	WELLPOINT, INC. / AMERIGROUP/HMS \$ _____

WELLMARK, INC. d/b/a WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA / WELLMARK HEALTH PLAN OF IOWA, INC. \$ _____	
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**(b) State the total amount of Plaintiffs' damages as a result of GSK's negligent misrepresentation:**

\$ \_\_\_\_\_

**3. (a) Do you find that GSK is liable to all Plaintiffs for civil insurance fraud?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is "yes," then skip to Question 3(b). If your answer is "no" because you find GSK liable to only certain Plaintiffs, or no Plaintiffs, in the space below please fill in the amount of damages suffered by each such Plaintiff due to GSK's civil insurance fraud.

AETNA INC. \$ _____	AVMED HEALTH PLANS \$ _____
BLUE CROSS BLUE SHIELD ASSOCIATION \$ _____	BLUECROSS BLUESHIELD OF ALABAMA \$ _____
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. \$ _____	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY \$ _____
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS \$ _____	BLUE CROSS BLUE SHIELD OF MINNESOTA, INC. d/b/a BLUE CROSS BLUE SHIELD OF MINNESOTA \$ _____
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA \$ _____	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND \$ _____
BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA \$ _____	BLUECROSS BLUESHIELD OF TENNESSEE \$ _____

CARING FOR MONTANANS, INC. \$_____	CAREFIRST OF MARYLAND, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD/ GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD \$_____
CONNECTICUT GENERAL LIFE INSURANCE COMPANY (CIGNA) \$_____	EMBLEMHEALTH SERVICES COMPANY LLC \$_____
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION (GEHA) \$_____	GROUP HEALTH COOPERATIVE/ KPS HEALTH PLANS \$_____
HEALTH NET, INC. \$_____	HEALTHNOW NEW YORK INC. \$_____
HIGHMARK HEALTH SERVICES f/k/a HIGHMARK INC./ HIGHMARK WEST VIRGINIA INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA / HIGHMARK BCBSD INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE \$_____	MEDICAL MUTUAL OF OHIO \$_____
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA \$_____	PREMERA BLUE CROSS \$_____
NORIDIAN MUTUAL INSURANCE COMPANY \$_____	THE REGENCE GROUP \$_____
PRIORITY HEALTH \$_____	WELLCARE HEALTH PLANS, INC. \$_____
USABLE MUTUAL INSURANCE COMPANY, d/b/a ARKANSAS BLUE CROSS AND BLUE SHIELD / HMO PARTNERS, INC., d/b/a HEALTH ADVANTAGE \$_____	WELLPOINT, INC. / AMERIGROUP/HMS \$_____

WELLMARK, INC. d/b/a WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA / WELLMARK HEALTH PLAN OF IOWA, INC. \$ _____	
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**(b) State the total amount of Plaintiffs' damages as a result of GSK's civil insurance fraud:**

\$ \_\_\_\_\_

**4. (a) Do you find that GSK is liable to all Plaintiffs for breach of an express warranty?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is "yes," then skip to Question 4(b). If your answer is "no" because you find GSK liable to only certain Plaintiffs, or no Plaintiffs, in the space below please fill in the amount of damages suffered by each such Plaintiff due to GSK's breach of an express warranty.

AETNA INC. \$ _____	AVMED HEALTH PLANS \$ _____
BLUE CROSS BLUE SHIELD ASSOCIATION \$ _____	BLUECROSS BLUESHIELD OF ALABAMA \$ _____
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. \$ _____	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY \$ _____
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS \$ _____	BLUE CROSS BLUE SHIELD OF MINNESOTA, INC. d/b/a BLUE CROSS BLUE SHIELD OF MINNESOTA \$ _____
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA \$ _____	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND \$ _____
BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA \$ _____	BLUECROSS BLUESHIELD OF TENNESSEE \$ _____

CARING FOR MONTANANS, INC. \$_____	CAREFIRST OF MARYLAND, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD/ GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD \$_____
CONNECTICUT GENERAL LIFE INSURANCE COMPANY (CIGNA) \$_____	EMBLEMHEALTH SERVICES COMPANY LLC \$_____
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION (GEHA) \$_____	GROUP HEALTH COOPERATIVE/ KPS HEALTH PLANS \$_____
HEALTH NET, INC. \$_____	HEALTHNOW NEW YORK INC. \$_____
HIGHMARK HEALTH SERVICES f/k/a HIGHMARK INC./ HIGHMARK WEST VIRGINIA INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA / HIGHMARK BCBSD INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE \$_____	MEDICAL MUTUAL OF OHIO \$_____
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA \$_____	PREMERA BLUE CROSS \$_____
NORIDIAN MUTUAL INSURANCE COMPANY \$_____	THE REGENCE GROUP \$_____
PRIORITY HEALTH \$_____	WELLCARE HEALTH PLANS, INC. \$_____
USABLE MUTUAL INSURANCE COMPANY, d/b/a ARKANSAS BLUE CROSS AND BLUE SHIELD / HMO PARTNERS, INC., d/b/a HEALTH ADVANTAGE \$_____	WELLPOINT, INC. / AMERIGROUP/HMS \$_____

WELLMARK, INC. d/b/a WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA / WELLMARK HEALTH PLAN OF IOWA, INC. \$ _____	
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**(b) State the total amount of Plaintiffs' damages as a result of GSK's breach of an express warranty:**

\$ \_\_\_\_\_

**5. (a) Do you find that GSK is liable to all Plaintiffs for breach of an implied warranty of merchantability?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If your answer is "yes," then skip to Question 5(b). If your answer is "no" because you find GSK liable to only certain Plaintiffs, or no Plaintiffs, in the space below please fill in the amount of damages suffered by each such Plaintiff due to GSK's breach of an implied warranty of merchantability.

AETNA INC. \$ _____	AVMED HEALTH PLANS \$ _____
BLUE CROSS BLUE SHIELD ASSOCIATION \$ _____	BLUECROSS BLUESHIELD OF ALABAMA \$ _____
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. \$ _____	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY \$ _____
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS \$ _____	BLUE CROSS BLUE SHIELD OF MINNESOTA, INC. d/b/a BLUE CROSS BLUE SHIELD OF MINNESOTA \$ _____
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA \$ _____	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND \$ _____
BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA \$ _____	BLUECROSS BLUESHIELD OF TENNESSEE \$ _____

CARING FOR MONTANANS, INC. \$_____	CAREFIRST OF MARYLAND, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD/ GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC., d/b/a CAREFIRST BLUECROSS BLUESHIELD \$_____
CONNECTICUT GENERAL LIFE INSURANCE COMPANY (CIGNA) \$_____	EMBLEMHEALTH SERVICES COMPANY LLC \$_____
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION (GEHA) \$_____	GROUP HEALTH COOPERATIVE/ KPS HEALTH PLANS \$_____
HEALTH NET, INC. \$_____	HEALTHNOW NEW YORK INC. \$_____
HIGHMARK HEALTH SERVICES f/k/a HIGHMARK INC./ HIGHMARK WEST VIRGINIA INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA / HIGHMARK BCBSD INC. d/b/a HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE \$_____	MEDICAL MUTUAL OF OHIO \$_____
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA \$_____	PREMERA BLUE CROSS \$_____
NORIDIAN MUTUAL INSURANCE COMPANY \$_____	THE REGENCE GROUP \$_____
PRIORITY HEALTH \$_____	WELLCARE HEALTH PLANS, INC. \$_____
USABLE MUTUAL INSURANCE COMPANY, d/b/a ARKANSAS BLUE CROSS AND BLUE SHIELD / HMO PARTNERS, INC., d/b/a HEALTH ADVANTAGE \$_____	WELLPOINT, INC. / AMERIGROUP/HMS \$_____

WELLMARK, INC. d/b/a WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA / WELLMARK HEALTH PLAN OF IOWA, INC. \$ _____	
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**(b) State the total amount of Plaintiffs' damages as a result of GSK's breach of an implied warranty of merchantability:**

\$ \_\_\_\_\_

**6. (a) Do you find that all Plaintiffs are entitled to an award of punitive damages?**

\_\_\_\_ Yes      \_\_\_\_ No

If your answer is "yes," then answer Question 6(b).

**b) State the amount of Plaintiffs' punitive damages award:**

\$ \_\_\_\_\_

Signed \_\_\_\_\_  
Jury Foreperson

Dated: \_\_\_\_\_

**B. GSK'S PROPOSED VERDICT FORM**

1. Do you find that any Plaintiff proved by a preponderance of the evidence that it exercised reasonable diligence in investigating whether the At-Issue drugs were manufactured in compliance with cGMP?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered "No" to Question 1, you have completed this Verdict Form.**

2. Please place a check mark by any Plaintiff that you find exercised reasonable diligence in investigating whether the At-Issue drugs were manufactured in compliance with cGMP, and for those Plaintiffs indicate the date by that should have known the At-Issue drugs were not manufactured in compliance with cGMP.

<input type="checkbox"/> AETNA, INC. date: _____	<input type="checkbox"/> AMERIGROUP/HMS date: _____
<input type="checkbox"/> AVMED HEALTH PLANS date: _____	<input type="checkbox"/> BLUE CROSS & BLUE SHIELD OF RHODE ISLAND date: _____
<input type="checkbox"/> BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. date: _____	<input type="checkbox"/> BLUE CROSS AND BLUE SHIELD OF KANSAS CITY date: _____
<input type="checkbox"/> BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA date: _____	<input type="checkbox"/> BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA date: _____
<input type="checkbox"/> BLUE CROSS BLUE SHIELD ASSOCIATION date: _____	<input type="checkbox"/> BLUE CROSS BLUE SHIELD OF ALABAMA date: _____
<input type="checkbox"/> BLUE CROSS BLUE SHIELD OF DELAWARE date: _____	<input type="checkbox"/> BLUE CROSS BLUE SHIELD OF MASSACHUSETTS date: _____

<input type="checkbox"/> BLUE CROSS BLUE SHIELD OF MINNESOTA date: _____	<input type="checkbox"/> BLUE CROSS BLUE SHIELD OF MONTANA, INC. date: _____
<input type="checkbox"/> BLUECROSS BLUESHIELD OF TENNESSEE date: _____	<input type="checkbox"/> CAREFIRST OF MARYLAND, INC. date: _____
<input type="checkbox"/> CONNECTICUT GENERAL LIFE INSURANCE COMPANY date: _____	<input type="checkbox"/> EMBLEM HEALTH date: _____
<input type="checkbox"/> GOVERNMENT EMPLOYEES HEALTH ASSOCIATION date: _____	<input type="checkbox"/> GROUP HEALTH COOPERATIVE date: _____
<input type="checkbox"/> GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC. date: _____	<input type="checkbox"/> HEALTH NET, INC. date: _____
<input type="checkbox"/> HEALTHNOW NEW YORK date: _____	<input type="checkbox"/> HIGHMARK INC. date: _____
<input type="checkbox"/> HIGHMARK WEST VIRGINIA INC. date: _____	<input type="checkbox"/> HMO PARTNERS, INC. date: _____
<input type="checkbox"/> KPS HEALTH PLANS date: _____	<input type="checkbox"/> LOUISIANA HEALTH SERVICE INDEMNITY COMPANY date: _____
<input type="checkbox"/> MEDICAL MUTUAL OF OHIO date: _____	<input type="checkbox"/> NORIDIAN date: _____

<input type="checkbox"/> PREMERA BLUE CROSS date: _____	<input type="checkbox"/> PRIORITY HEALTH <input type="checkbox"/> date: _____
<input type="checkbox"/> THE REGENCE GROUP date: _____	<input type="checkbox"/> USABLE MUTUAL INSURANCE COMPANY date: _____
<input type="checkbox"/> WELLCARE HEALTH PLAN OF IOWA, INC. date: _____	<input type="checkbox"/> WELLCARE HEALTH PLANS, INC. date: _____
<input type="checkbox"/> WELLMARK, INC. date: _____	<input type="checkbox"/> WELLPOINT, INC. date: _____

3. Do you find that any Plaintiff has proven by clear and convincing evidence that (1) it exercised reasonable diligence in investigating whether the At-Issue drugs were manufactured in compliance with cGMP and (2) GSK made a misrepresentation to that Plaintiff concerning the manufacture of the At-Issue drugs in compliance with cGMP from 2000 through 2005?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered “No” to Question 3, please skip to Plaintiffs’ First Claim - Fraud**

4. Place a check mark by any plaintiff you find GSK made a misrepresentation concerning the manufacture of the At-Issue drugs in compliance with cGMP from 2000 through 2005?

AETNA, INC. <input type="checkbox"/>	AMERIGROUP/HMS <input type="checkbox"/>
AVMED HEALTH PLANS <input type="checkbox"/>	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA <input type="checkbox"/>

BLUE CROSS BLUE SHIELD ASSOCIATION <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF ALABAMA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF DELAWARE <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF MINNESOTA <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MONTANA, INC. <input type="checkbox"/>
BLUECROSS BLUESHIELD OF TENNESSEE <input type="checkbox"/>	CAREFIRST OF MARYLAND, INC. <input type="checkbox"/>
CONNECTICUT GENERAL LIFE INSURANCE COMPANY <input type="checkbox"/>	EMBLEM HEALTH <input type="checkbox"/>
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION <input type="checkbox"/>	GROUP HEALTH COOPERATIVE <input type="checkbox"/>
GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC. <input type="checkbox"/>	HEALTH NET, INC. <input type="checkbox"/>
HEALTHNOW NEW YORK <input type="checkbox"/>	HIGHMARK INC. <input type="checkbox"/>
HIGHMARK WEST VIRGINIA INC. <input type="checkbox"/>	HMO PARTNERS, INC. <input type="checkbox"/>
KPS HEALTH PLANS <input type="checkbox"/>	LOUISIANA HEALTH SERVICE INDEMNITY COMPANY <input type="checkbox"/>
MEDICAL MUTUAL OF OHIO <input type="checkbox"/>	NORIDIAN <input type="checkbox"/>
PREMERA BLUE CROSS <input type="checkbox"/>	PRIORITY HEALTH <input type="checkbox"/>
THE REGENCE GROUP <input type="checkbox"/>	USABLE MUTUAL INSURANCE COMPANY <input type="checkbox"/>
WELLCARE HEALTH PLAN OF IOWA, INC. <input type="checkbox"/>	WELLCARE HEALTH PLANS, INC. <input type="checkbox"/>

WELLMARK, INC. <input type="checkbox"/>	WELLPOINT, INC. <input type="checkbox"/>
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**PLAINTIFFS' FIRST CLAIM -- FRAUD**

5. Do you find that any Plaintiff has proved by clear and convincing evidence that GSK made a fraudulent misrepresentation of a material fact to it, and which caused that plaintiff to reimburse for At-Issue drugs that it otherwise would not have paid for?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered “No” to Question 5, you have finished with Plaintiffs’ Fraud claim. Please proceed to Plaintiffs’ Second Claim - Negligent Misrepresentation.**

6. Place a check mark by any plaintiff to which you find GSK made a fraudulent misrepresentation that caused that plaintiff to reimburse for At-Issue drugs that it otherwise would not have paid for

AETNA, INC. <input type="checkbox"/>	AMERIGROUP/HMS <input type="checkbox"/>
AVMED HEALTH PLANS <input type="checkbox"/>	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD ASSOCIATION <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF ALABAMA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF DELAWARE <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF MINNESOTA <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MONTANA, INC. <input type="checkbox"/>
BLUECROSS BLUESHIELD OF TENNESSEE <input type="checkbox"/>	CAREFIRST OF MARYLAND, INC. <input type="checkbox"/>
CONNECTICUT GENERAL LIFE INSURANCE COMPANY <input type="checkbox"/>	EMBLEM HEALTH <input type="checkbox"/>

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION <input type="checkbox"/>	GROUP HEALTH COOPERATIVE <input type="checkbox"/>
GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC. <input type="checkbox"/>	HEALTH NET, INC. <input type="checkbox"/>
HEALTHNOW NEW YORK <input type="checkbox"/>	HIGHMARK INC. <input type="checkbox"/>
HIGHMARK WEST VIRGINIA INC. <input type="checkbox"/>	HMO PARTNERS, INC. <input type="checkbox"/>
KPS HEALTH PLANS <input type="checkbox"/>	LOUISIANA HEALTH SERVICE INDEMNITY COMPANY <input type="checkbox"/>
MEDICAL MUTUAL OF OHIO <input type="checkbox"/>	NORIDIAN <input type="checkbox"/>
PREMERA BLUE CROSS <input type="checkbox"/>	PRIORITY HEALTH <input type="checkbox"/>
THE REGENCE GROUP <input type="checkbox"/>	USABLE MUTUAL INSURANCE COMPANY <input type="checkbox"/>
WELLCARE HEALTH PLAN OF IOWA, INC. <input type="checkbox"/>	WELLCARE HEALTH PLANS, INC. <input type="checkbox"/>
WELLMARK, INC. <input type="checkbox"/>	WELLPOINT, INC. <input type="checkbox"/>

**You have finished with Plaintiffs' Fraud claim. Please proceed to Plaintiffs' Second Claim - Negligent Misrepresentation.**

**PLAINTIFFS' SECOND CLAIM – NEGLIGENT MISREPRESENTATION**

8. Do you find that any Plaintiff has proved by a preponderance of the evidence that GSK negligently made a misrepresentation of a material fact to it and which caused that plaintiff to reimburse for At-Issue drugs that it otherwise would not have paid for?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered “No” to Question 8, you have finished with Plaintiffs’ Negligent Misrepresentation claim. Please proceed to Plaintiffs’ Third Claim – Insurance Fraud.**

9. Place a check mark by any plaintiff to which you find GSK negligently made a misrepresentation and which caused that plaintiff to reimburse for At-Issue drugs that it otherwise would not have paid for.

AETNA, INC. <input type="checkbox"/>	AMERIGROUP/HMS <input type="checkbox"/>
AVMED HEALTH PLANS <input type="checkbox"/>	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD ASSOCIATION <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF ALABAMA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF DELAWARE <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF MINNESOTA <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MONTANA, INC. <input type="checkbox"/>
BLUECROSS BLUESHIELD OF TENNESSEE <input type="checkbox"/>	CAREFIRST OF MARYLAND, INC. <input type="checkbox"/>
CONNECTICUT GENERAL LIFE INSURANCE COMPANY <input type="checkbox"/>	EMBLEM HEALTH <input type="checkbox"/>

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION <input type="checkbox"/>	GROUP HEALTH COOPERATIVE <input type="checkbox"/>
GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC. <input type="checkbox"/>	HEALTH NET, INC. <input type="checkbox"/>
HEALTHNOW NEW YORK <input type="checkbox"/>	HIGHMARK INC. <input type="checkbox"/>
HIGHMARK WEST VIRGINIA INC. <input type="checkbox"/>	HMO PARTNERS, INC. <input type="checkbox"/>
KPS HEALTH PLANS <input type="checkbox"/>	LOUISIANA HEALTH SERVICE INDEMNITY COMPANY <input type="checkbox"/>
MEDICAL MUTUAL OF OHIO <input type="checkbox"/>	NORIDIAN <input type="checkbox"/>
PREMERA BLUE CROSS <input type="checkbox"/>	PRIORITY HEALTH <input type="checkbox"/>
THE REGENCE GROUP <input type="checkbox"/>	USABLE MUTUAL INSURANCE COMPANY <input type="checkbox"/>
WELLCARE HEALTH PLAN OF IOWA, INC. <input type="checkbox"/>	WELLCARE HEALTH PLANS, INC. <input type="checkbox"/>
WELLMARK, INC. <input type="checkbox"/>	WELLPOINT, INC. <input type="checkbox"/>

**You have finished with Plaintiffs' Negligent Misrepresentation claim. Please proceed to Plaintiffs' Third Claim – Insurance Fraud.**

**PLAINTIFFS' THIRD CLAIM – INSURANCE FRAUD**

10. Do you find that any Plaintiff has proved by a preponderance of the evidence that GSK caused, conspired with, or urged Plaintiffs' insured customers to submit claims that were false, incomplete, or misleading and caused that plaintiff to reimburse for At-Issue drugs that it otherwise would not have paid for?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered “No” to Question 10, you have finished with Plaintiffs’ Insurance Fraud claim. Please proceed to Plaintiffs’ Fourth Claim – Breach of Express Warranty.**

11. Place a check mark by any plaintiff to which you find GSK caused, conspired with, or urged the plaintiff's insured customers to submit claims that were false, incomplete, or misleading.

AETNA, INC. <input type="checkbox"/>	AMERIGROUP/HMS <input type="checkbox"/>
AVMED HEALTH PLANS <input type="checkbox"/>	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD ASSOCIATION <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF ALABAMA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF DELAWARE <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF MINNESOTA <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MONTANA, INC. <input type="checkbox"/>
BLUECROSS BLUESHIELD OF TENNESSEE <input type="checkbox"/>	CAREFIRST OF MARYLAND, INC. <input type="checkbox"/>

CONNECTICUT GENERAL LIFE INSURANCE COMPANY <input type="checkbox"/>	EMBLEM HEALTH <input type="checkbox"/>
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION <input type="checkbox"/>	GROUP HEALTH COOPERATIVE <input type="checkbox"/>
GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC. <input type="checkbox"/>	HEALTH NET, INC. <input type="checkbox"/>
HEALTHNOW NEW YORK <input type="checkbox"/>	HIGHMARK INC. <input type="checkbox"/>
HIGHMARK WEST VIRGINIA INC. <input type="checkbox"/>	HMO PARTNERS, INC. <input type="checkbox"/>
KPS HEALTH PLANS <input type="checkbox"/>	LOUISIANA HEALTH SERVICE INDEMNITY COMPANY <input type="checkbox"/>
MEDICAL MUTUAL OF OHIO <input type="checkbox"/>	NORIDIAN <input type="checkbox"/>
PREMERA BLUE CROSS <input type="checkbox"/>	PRIORITY HEALTH <input type="checkbox"/>
THE REGENCE GROUP <input type="checkbox"/>	USABLE MUTUAL INSURANCE COMPANY <input type="checkbox"/>
WELLCARE HEALTH PLAN OF IOWA, INC. <input type="checkbox"/>	WELLCARE HEALTH PLANS, INC. <input type="checkbox"/>
WELLMARK, INC. <input type="checkbox"/>	WELLPOINT, INC. <input type="checkbox"/>

**You have finished with Plaintiffs' Insurance Fraud claim. Please proceed to Plaintiffs' Fourth Claim – Breach of Express Warranty.**

**PLAINTIFFS' FOURTH CLAIM – BREACH OF EXPRESS WARRANTY**

12. Do you find that any Plaintiff has proved by a preponderance of the evidence that GSK breached an express warranty made to the insurance company concerning any of the At-Issue Drugs and caused that plaintiff to reimburse for At-Issue drugs that it otherwise would not have paid for?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered “No” to Question 12, you have finished with Plaintiffs’ Breach of Express Warranty claim. Please proceed to Plaintiffs’ Fourth Claim – Breach of Implied Warranty.**

13. Place a check mark by any plaintiff to which you find GSK breached an express warranty.

AETNA, INC. <input type="checkbox"/>	AMERIGROUP/HMS <input type="checkbox"/>
AVMED HEALTH PLANS <input type="checkbox"/>	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD ASSOCIATION <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF ALABAMA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF DELAWARE <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF MINNESOTA <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MONTANA, INC. <input type="checkbox"/>
BLUECROSS BLUESHIELD OF TENNESSEE <input type="checkbox"/>	CAREFIRST OF MARYLAND, INC. <input type="checkbox"/>
CONNECTICUT GENERAL LIFE INSURANCE COMPANY <input type="checkbox"/>	EMBLEM HEALTH <input type="checkbox"/>

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION <input type="checkbox"/>	GROUP HEALTH COOPERATIVE <input type="checkbox"/>
GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC. <input type="checkbox"/>	HEALTH NET, INC. <input type="checkbox"/>
HEALTHNOW NEW YORK <input type="checkbox"/>	HIGHMARK INC. <input type="checkbox"/>
HIGHMARK WEST VIRGINIA INC. <input type="checkbox"/>	HMO PARTNERS, INC. <input type="checkbox"/>
KPS HEALTH PLANS <input type="checkbox"/>	LOUISIANA HEALTH SERVICE INDEMNITY COMPANY <input type="checkbox"/>
MEDICAL MUTUAL OF OHIO <input type="checkbox"/>	NORIDIAN <input type="checkbox"/>
PREMERA BLUE CROSS <input type="checkbox"/>	PRIORITY HEALTH <input type="checkbox"/>
THE REGENCE GROUP <input type="checkbox"/>	USABLE MUTUAL INSURANCE COMPANY <input type="checkbox"/>
WELLCARE HEALTH PLAN OF IOWA, INC. <input type="checkbox"/>	WELLCARE HEALTH PLANS, INC. <input type="checkbox"/>
WELLMARK, INC. <input type="checkbox"/>	WELLPOINT, INC. <input type="checkbox"/>

**You have finished with Plaintiffs' Breach of Express Warranty claim. Please proceed to Plaintiffs' Fourth Claim – Breach of Implied Warranty.**

**PLAINTIFFS' FIFTH CLAIM – BREACH OF IMPLIED WARRANTY**

14. Do you find that any Plaintiff has proved by a preponderance of the evidence that GSK breached an implied warranty made to the insurance company concerning any of the At-Issue Drugs and caused that plaintiff to reimburse for At-Issue drugs that it otherwise would not have paid for?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered “No” to Question 14, you have finished with Plaintiffs’ Breach of Warranty claim.**

15. Place a check mark by any plaintiff to which you find GSK breached an implied warranty.

AETNA, INC. <input type="checkbox"/>	AMERIGROUP/HMS <input type="checkbox"/>
AVMED HEALTH PLANS <input type="checkbox"/>	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY <input type="checkbox"/>
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA <input type="checkbox"/>	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD ASSOCIATION <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF ALABAMA <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF DELAWARE <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS <input type="checkbox"/>
BLUE CROSS BLUE SHIELD OF MINNESOTA <input type="checkbox"/>	BLUE CROSS BLUE SHIELD OF MONTANA, INC. <input type="checkbox"/>
BLUECROSS BLUESHIELD OF TENNESSEE <input type="checkbox"/>	CAREFIRST OF MARYLAND, INC. <input type="checkbox"/>
CONNECTICUT GENERAL LIFE INSURANCE COMPANY <input type="checkbox"/>	EMBLEM HEALTH <input type="checkbox"/>

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION <input type="checkbox"/>	GROUP HEALTH COOPERATIVE <input type="checkbox"/>
GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC. <input type="checkbox"/>	HEALTH NET, INC. <input type="checkbox"/>
HEALTHNOW NEW YORK <input type="checkbox"/>	HIGHMARK INC. <input type="checkbox"/>
HIGHMARK WEST VIRGINIA INC. <input type="checkbox"/>	HMO PARTNERS, INC. <input type="checkbox"/>
KPS HEALTH PLANS <input type="checkbox"/>	LOUISIANA HEALTH SERVICE INDEMNITY COMPANY <input type="checkbox"/>
MEDICAL MUTUAL OF OHIO <input type="checkbox"/>	NORIDIAN <input type="checkbox"/>
PREMERA BLUE CROSS <input type="checkbox"/>	PRIORITY HEALTH <input type="checkbox"/>
THE REGENCE GROUP <input type="checkbox"/>	USABLE MUTUAL INSURANCE COMPANY <input type="checkbox"/>
WELLCARE HEALTH PLAN OF IOWA, INC. <input type="checkbox"/>	WELLCARE HEALTH PLANS, INC. <input type="checkbox"/>
WELLMARK, INC. <input type="checkbox"/>	WELLPOINT, INC. <input type="checkbox"/>

**You have finished with Plaintiffs' Breach of Warranty claim. If you answered "No" to Questions 5, 8, 10, and 14, you have completed this Verdict Form. If you answered "Yes" to any of those Questions, please continue to the next section.**

16. Do you find that Plaintiffs have proven by a preponderance of the evidence that the At-Issue Drugs were worthless?

YES \_\_\_\_\_

NO \_\_\_\_\_

**If you answered “No” to Question 16, you have completed this Verdict Form.**

17. For any of the At-Issue Drugs that you find Plaintiffs proved were worthless, please indicate the date range that you find the Plaintiffs were reimbursed for a worthless drug.

Drug	Date Range
Albenza	
Avandament	
Avandia	
Bactroban	
Compazine	
Coreg	
Denavir	
Dibenzyline	
Dyazide	
Dyrenium	
Factive	
Kytril	
Paxil	
Relafen	
Stelazine	
Thorazine	

18. Do you find that Plaintiffs have proven by clear and convincing evidence that the At-Issue Drugs were worthless?

YES \_\_\_\_\_

NO \_\_\_\_\_

19. For any of the Plaintiffs for which you answered "Yes" in questions 5, 8, 10, or 14, please indicate the amount of damages, if any, you assess against GSK for those Plaintiffs.

AETNA, INC. _____	AMERIGROUP/HMS _____
AVMED HEALTH PLANS _____	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND _____
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. _____	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY _____
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA _____	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA _____
BLUE CROSS BLUE SHIELD ASSOCIATION _____	BLUE CROSS BLUE SHIELD OF ALABAMA _____
BLUE CROSS BLUE SHIELD OF DELAWARE _____	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS _____
BLUE CROSS BLUE SHIELD OF MINNESOTA _____	BLUE CROSS BLUE SHIELD OF MONTANA, INC. _____
BLUECROSS BLUESHIELD OF TENNESSEE _____	CAREFIRST OF MARYLAND, INC. _____
CONNECTICUT GENERAL LIFE INSURANCE COMPANY _____	EMBLEM HEALTH _____
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION _____	GROUP HEALTH COOPERATIVE _____

GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC.	HEALTH NET, INC. _____
HEALTHNOW NEW YORK	HIGHMARK INC. _____
HIGHMARK WEST VIRGINIA INC.	HMO PARTNERS, INC. _____
KPS HEALTH PLANS _____	LOUISIANA HEALTH SERVICE INDEMNITY COMPANY _____
MEDICAL MUTUAL OF OHIO _____	NORIDIAN _____
PREMERA BLUE CROSS _____	PRIORITY HEALTH _____
THE REGENCE GROUP _____	USABLE MUTUAL INSURANCE COMPANY _____
WELLCARE HEALTH PLAN OF IOWA, INC. _____	WELLCARE HEALTH PLANS, INC. _____
WELLMARK, INC. _____	WELLPOINT, INC. _____

Date: \_\_\_\_\_

BY: \_\_\_\_\_

**Foreperson**

Dated: November 1, 2019

Respectfully submitted,

**LOWEY DANNENBERG, P.C.**  
 By: /s/ Peter St. Phillip  
 Gerald Lawrence  
 Peter St. Phillip  
 One Tower Bridge

100 Front Street, Suite 520  
West Conshohocken, PA 19428  
(215) 399-4770

**GETNICK & GETNICK LLP**

Neil V. Getnick  
Lesley Ann Skillen  
Stuart Altschuler  
521 Fifth Avenue, 33rd Floor  
New York, NY 10175  
(212) 376-5666

**LOWEY DANNENBERG, P.C.**

Geoffrey M. Horn  
Uriel Rabinovitz  
44 South Broadway, Suite 1100  
White Plains, NY 10601  
(914) 997-0500

**RAWLINGS & ASSOCIATES, PLLC**

Mark D. Fischer  
Robert C. Griffith  
One Eden Parkway  
LaGrange, KY 40031  
(502) 587-1279

**THE BREEN LAW FIRM**

James J. Breen  
5755 North Point Parkway, Suite 260  
Alpharetta, GA 30022  
(678) 735-5052

**PROFESSOR G. ROBERT BLKEY**

Professor of Law Emeritus  
Notre Dame Law School\*  
7002 East San Miguel Avenue  
Paradise Valley, AZ 85352  
(574) 514-8220  
[\*Noted for identification only]

*Attorneys for Plaintiffs*

BY: /s/Stephen J. Kastenberg

Stephen J. Kastenberg  
David H. Pittinsky

W. Mark Lanier (*pro hac vice*)  
Jonathan P. Wilkerson (*pro hac vice*)

Leslie E. John  
Edward D. Rogers  
William B. Igoe  
BALLARD SPAHR LLP  
1735 Market Street, 51st Floor  
Philadelphia, PA 19103  
Phone: 215-665-8500

Matthew J. O'Connor (*pro hac vice*)  
Jason Raofield (*pro hac vice*)  
COVINGTON & BURLING LLP  
One CityCenter  
850 Tenth Street NW  
Washington, DC 20001  
Phone: 202-662-6000

*Attorneys for Defendant*  
*GlaxoSmithKline LLC*

Alex J. Brown (*pro hac vice*)  
THE LANIER LAW FIRM  
10940 West Sam Houston Pkwy N, Suite 100  
Houston, TX 77064  
Phone: 713-659-5200

Joseph E. O'Neil  
John J. O'Donnell  
CAMPBELL, CONROY & O'NEIL, P.C.  
1205 Westlakes Drive Suite 330  
Berwyn, PA 19312